In the Specification:

Please delete paragraph 0004 in the specification and replace with the following paragraph as shown in the marked-up version of the changes made to the paragraph and a Clean Version of the Paragraph 004 attached hereto:

[0004] Common vectors for introducing the therapeutic gene or nucleic acid include viral and non-viral vectors. Although viral delivery systems have been considered to be most efficient in delivering genes to cells, it may be limited because of a risk of triggering inflammatory or immunogenic responses. Forbes, S.J., "Review Article: Gene Therapy in Gastroenterology and Hepatology," *Aliment Pharmacol. Ther.* 11:823-826 (1997). The risk is exemplified by the death of Jesse Gelsinger, a volunteer who died on September 17, 1999 while participating in a gene therapy clinical trial at the Institute for Human Gene Therapy, University of Philadelphia. His death has fueled the controversy over the use and safety of gene therapy. The trial was directed to treat ornithine transcarbmylase (OTC) using a modified adenoviral vector. The administration, however, of the vector to Gelsinger "initiated an unusual and deadly immune-system response that led to multiple organ failure and death." *See Preliminary Findings*, The Institute of Human Gene Therapy, University of Pennsylvania Health System, December 2, 1999. Although adenoviral vectors offer several advantages over other viral vectors in that they can infect a wide range of cells and are not limited to replicating cells, as are retroviral vectors, adenoviral vectors may activate the immune system, as seen in the Gelsinger's case, such that the initial does or repeated introduction may become less effective, if not life threatening. *See also* Forbes, S.J., *supra*. Because other gene therapy vectors such as retrovirus or liposomes are